DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

X Decl. Sub. w/Initial Filing

the specification which

...

__Decl. Sub.
after Initial
Filing (surcharge
(37 CFR 1.15 (e))

Attorney Docket No.: 2132.040
Inventor Name: Jackowski et al

COMPLETE IF KNOWN
Application No:
Filing Date:
Group Art Unit:
Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1562 DALTONS

is attached hereto OR			
was filed on Appln. No	As United Stat		
applicable).			
I hereby state that I have revi	ewed and understand t	the contents of	the above
identified specification, inclu			
specifically referred to above.			
I acknowledge the duty to disch defined in 37 CFR 1.56.	ose information which	n is material to	o patentability as
I hereby claim foreign priority	benefits under 35 U	.S.C. 119(a)-(d) of any foreign
application(s) for patent or in	nventor's certificate,	, or 365(a) of a	any PCT
international application which			
States of America, listed below any foreign application for pat			
application having a filing dat			
claimed.		* -	<u> </u>
	FOREIGN FILING	PRIORITY	CERTIFIED COPY
NUMBERS:	DATE:	NOT CLAIMED:	Yes No
Additional foreign appln. nos. are	listed on a supplementa	l majoritu data	shoot DEO/CD/02D
attached hereto.	iisted on a supplementa	ir priority data :	Sheet Flo/Sb/02b
I hereby claim the benefit under application(s) listed below:	er 35 U.S.C. 119(e) of	f any United St	ates provisional
APPLICATION NUMBER(s):	FILING DATE:		
AFFILICATION NONDEN(S).	EIHING DAIE.		
			rovisional appln.
			e listed on a entary priority data
		~ -	O/SB/02B attached.

DECLARA!	TION - UTI	LITY or D	ESIGN PAT	ENT APPI	LICATION
	nefit under 35 application de t matter of eac r PCT internati . 112, I acknow ned in 37 CFR 1	U.S.C. 120 of signating the h of the clai onal applicat ledge the dut .56 which bec	any United St United States ms of this app ion in the man y to disclose ame available	ates applic of America lication is ner provide information between the	ation(s), or 365(c) of , listed below and, not disclosed in the d by the first which is material to filing date of the
U.S. PARENT APPLICA		PARENT FIL:	ING DATE:	PARENT	PATENT NO:
or PCT NUMBE	x:				(if applicable)
Additional U.S. or	DCT internat	ional annin	nos arolis	tod on a e	unnlemental
priority data sh				ced on a s	appremencar
As a named inventor	, I hereby ap	point the fo	ollowing regi		
prosecute this appl					
Office connected th	erewith: X C	ustomer No:	21917		PLACE CUSTOMER No. BAR CODE LABEL HERE
		OR			DAK CODE HADDE HEKE
				<u>tration no</u>	. listed below.
NAME:	REGISTRATION	NO:	NAME:		REGISTRATION NO:
Michael A. Slavin	34,016		Joe Beckma	an	45,529
Ferris H. Lander	43,377		000 2001111		10,023
C. Fred Rosenbaum	27,110				
DIDDOM DIE GODDEGDO	NIDDIGE EO.	Ou at ama	- NTlo o	OR	
DIRECT ALL CORRESPO		Customer Bar Code La			address below
	OI	Dar Code Da	per coll.	espondence	addless below
	Slavin, P.A.		····		
	Blvd.,				
ADDRESS: Suite 40		OWA WIT	T7.T		FTD: 22410
CITY: Palm Bea	ch Gardens	STATE:	: <u>FL</u> (561) 625-65	75 77.	ZIP: 33410 (561) 625-6572
COUNTRI: U.S.		IELEPHONE.	(201) 052-02	/ <u>J</u>	(301) 023-0372 I
all statements made that these statement the like so made an	e on informati nts were made re punishable Tul false stat	on and beliewith the know by fine or :	ef are believ owledge that imprisonment,	ed to be twillful fa	are true and that true; and further
NAME OF SOLE OR FIF	ST INVENTOR:	A Pet	ition has bee	en filed fo	or this unsigned inv

GIVEN NAME (first and middle [if any]): FAMILY NAME OR SURNAME:

Jackowski George Inventor's signature: _ Date:

Residence: 11725 Keele Street RI
City: Kettleby State: ONTARIO LOG 1JO Country: CANADA Citizenship: Canadian
Post Office Address: 11715 Keele St., RI, Kettleby, Ontario LOG 1JO, CANADA

Additional inventors are being named on the ____ Supplemental additional inventor(s Page 2 of 3) sheet(s) PTO/SB/02A attached hereto.

NAME OF SECOND INVENTOR: A Petition has bee	n filed for this unsigned inv.
GIVEN NAME (first and middle [if any]):	FAMILY NAME OR SURNAME:
Brad	Thatcher, PhD
Inventor's signature:	Date:
Residence: 12 Beaverdale Road,	
City: <u>Toronto</u> State: <u>ONTARIO M8Y 3Y4</u> Count Post Office Address: <u>12 Beaverdale Road, Toronto</u>	ry: <u>CANADA</u> Citizenship: <u>Canadian</u> Ontario M8Y 3Y4, CANADA
NAME OF THIRD INVENTOR: A Petition has bee	
GIVEN NAME (first and middle [if any]):	FAMILY NAME OR SURNAME:
Tammy	Vrees, BSc
Inventor's signature:	Date:
City: Oakville State: ONTARIO L6L 3C5 Count Post Office Address: 215 Bronte Road, Oakville On NAME OF FOURTH INVENTOR: A Petition has bee	en filed for this unsigned inv.
GIVEN NAME (first and middle [if any]):	FAMILY NAME OR SURNAME:
Jason	Yantha, BSc
Inventor's signature:	Date:
Residence: 44 St. Joseph Street, Apt. 2102	
City: Toronto State: ONTARIO M4Y 2W4 Count Post Office Address: 44 St. Joseph Street, Apt. 2	ry: <u>CANADA</u> Citizenship: <u>Canadian</u> 102 Ontario M4Y 2W4, CANADA
NAME OF FIFTH INVENTOR: A Petition has been	en filed for this unsigned inv.
GIVEN NAME (first and middle [if any]):	FAMILY NAME OR SURNAME:
John	
Inventor's signature:	Marshall, PhD
Residence: 95 Parkside Drive	
Residence: 95 Parkside Drive City: Toronto State: ONTARIO M6R 2V3 Count Post Office Address: 95 Parkside Drive, Toronto C	Date: